PON AVUILUDIO CODY

Application or Docket Nurr												per	
	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999												
Effective December 29, 1999 (1) 9, 6/1, 403													
CLAIMS AS FILED - PART I (Cetumn 1) (Cetumn 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBE	R FILED	NUMBER E	NUMBER EXTRA		TE .	FEE		RATE	FEE	
BASIC FEE					WE 3.8 100			345.00	OR		690.00		
TOTAL CLAIMS			2/ minus 20= •			XS				OR	X\$18=	180	
INDEPENDENT CLAIMS			9 minus 3 = : (X39=				OR	X78=	469.00	
MULTIPLE DEPENDENT CLAIM PRESENT)()=		OR	+260=	•	
* If the difference in column 1 is less than zero, enter "O" in column 2								TAL		OR.	TOTAL	11760	
CLAIMS AS AMENDED - PART II											OTHER		
(Column 1) (Column 2) (Column 3)								ALL	ENTITY	OR:	SMALL		
MTA	A	REM	AIMS LAINING FTER NOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/a	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NAENDMENT A	Total		36	Minus	-21	- 15	XS	9=		OR	X\$18=	270.00	
X	Independent	•	9	Minus	··· 9	9/	Х3	9=-		OR	X78=		
7	FIRST PRESE	NTATI	ON OF MI	JLTIPLE DE	PENDENT CLAIM						+260=		
DA H/1/1/								OTAL		OR	TOTAL	220,00	
Misa								FEE		OR	ADDIT. FEE	LIO,	
(Column 1) (Column 3)											4001		
MENDMENT B		REA	LAINING FTER NOMENT	nie se	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE:	: *	RATE	ADDI- TIONAL FEE	
	Total	•	321	Minus	-36		X	9=		OR	X\$18=	· ;	
9	Independent	•	9	Minus	9	3	×	9=		OH	X78=	1.	
۲	FIRST PRESI	ENTATI	ON OF M	ULTIPLE DE	PENDENT CLAIM	I	+1	30=	Ī · .	OR	+260=		
								OTAL		OR	YOTAL ADDIT. FEE		
(Column 1) (29-05 (Column 2) (Column 3)								FEE		_			
┢									ADDI-	1		ADDI-	
EMIC			MAINING VFTER INDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	TE	TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total	• (40	Minus	36	-4.	X	9=		OR	X\$18=	200 00	
19	Independent	•	4	Minus	 9	1.	X	19=		OR	X78≈		
4	FIRST PRES	ENTAT	ION OF N	ULTIPLE DE	PENDENT CLAIM	4	1 1-1	30=	1	OR			
th the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE													
										_	AUUII. PEI		
	The Tighest Mu	imber Pi	reviously P	aid For (Total	or Independent) is 0	न व्यक्तिका व्यक्ति		VIP (Admodulation o	 •			